



Office of Diversity & Equality

State Government Training Request Form

Please Fax Form to: (502) 564-0182

Agency: _____

Contact Name: _____

Date of Request: _____

Contact Phone: _____

Contact Email: _____

Desired Training Date: _____

Desired Location of Training: _____

Type of Training: **EEO** **Diversity**

Topic or Title of Training: _____

Reasons: _____

Expected # of Attendees: _____

Previous Training with ODE: _____

Date Completed:

Trainer:

Title:

Location:

of Attendees:

Evaluations Completed: